

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 6212 1985

Registrar's No.

BIRTH NO. 48-23491		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY APO		
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis 3		c. LENGTH OF STAY (In this place) 10 months		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer Phillips			d. STREET ADDRESS (If rural, give location) 2829 Cass. ave		
3. NAME OF DECEASED (Type or Print) Janice Velores Grant			4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 49		
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	
8. DATE OF BIRTH April 5, 1949		9. AGE (In years last birthday) 10		10. MONTHS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME General Ruffins		13b. MOTHER'S MAIDEN NAME Mary Wilson	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mary Grant		18. ADDRESS 2829 Cass. ave		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Heart disease DUE TO (c) 157 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 77.6X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on Mar 1, 1949, and that death occurred at 12:30 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Deputy or title) Alfred Perry Deputy Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-49		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) St. Louis Co., Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE W. Robinson & Sons		24f. ADDRESS 2216 Dickson	
DATE REC'D BY LOCAL REG. MAR 2 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE W. Robinson & Sons	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1949

Embalming Report - Cert Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.